

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****		0	1/M	EST
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU	0	1/M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	MG/L	0	1/3M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	MG/L	0	1/3M	CALC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	C	0	1/DAY	IS
082 HEAT REJ**8	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	5.58	BTU/H	*****	*****	*****		0	CONT	CALC
108 TEMP, RIVER INTAKE (DEG. C)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	C	0	1/DAY	IS
137 HARDNESS, TOTAL (AS CaCO3)	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	MG/L	0	1/6M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
This outfall is considered 001/002.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012275

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
158 CL2, TOTAL FINAL	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	0.022	0.032	MG/L	0	2/M	GRAB
227 PHOSPHORUS, TOTAL INTAKE	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	MG/L	0	1/3M	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	UG/L	0	1/6M	GRAB
622 TOTAL NITROGEN, INTAKE	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	MG/L	0	1/3M	CALC
720 TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	TU-C	0	1/YR	GRAB
721 TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	TU-C	0	1/YR	GRAB
919 COPPER, DISSOLVED, INTAKE (UG/L AS CU)	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	UG/L	0	1/6M	GRAB
920 HARDNESS, TOTAL, INTAKE (AS CaCO3)	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	MG/L	0	1/6M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
This outfall is considered 001/002.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012276

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			003			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****		0	1/M	EST
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU	0	1/M	GRAB
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	C	0	1/W	IS
083 HEAT REJ**9	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	1.14	BTU/H	*****	*****	*****		0	CONT	CALC
158 CL2, TOTAL FINAL	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	0.022	0.032	MG/L	0	2/M	GRAB
720 TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	TU-C	0	1/YR	GRAB
721 TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	TU-C	0	1/YR	GRAB
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012277

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			004			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
			TO			

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****		0	2/M	EST
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU	0	2/M	GRAB
004 TSS	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	30	100	MG/L	0	2/M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	MG/L	0	1/6M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	MG/L	0	1/6M	CALC
039 AMMONIA, AS N	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	MG/L	0	1/6M	GRAB
068 TKN (N-KJEL)	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	MG/L	0	1/6M	GRAB
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	C	0	1/W	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012278

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			004			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
082 HEAT REJ**8	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	1.9	BTU/H	*****	*****	*****		0	2/M	CALC
158 CL2, TOTAL FINAL	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	0.026	0.038	MG/L	0	1/W	GRAB
389 NITRITE+NITRATE- N,TOTAL	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	MG/L	0	1/6M	GRAB
500 OIL & GREASE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	15	20	MG/L	0	2/M	GRAB
720 TUC - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	TU-C	0	1/YR	GRAB
721 TUC - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	TU-C	0	1/YR	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012279

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			005			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
			TO			

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	2.88	MGD	*****	*****	*****		0	3D/W	EST
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU	0	3D/W	GRAB
004 TSS	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	30	100	MG/L	0	3D/W	4HC
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	MG/L	0	1/M	CALC
039 AMMONIA, AS N	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	MG/L	0	1/M	4HC
068 TKN (N-KJEL)	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	MG/L	0	1/M	4HC
090 MOLYBDENUM, TOTAL (AS MO)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
137 HARDNESS, TOTAL (AS CACO3)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	MG/L	0	3D/W	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012280

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			005			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
145 CHLORIDES	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	180000	340000	UG/L	0	3D/W	4HC
185 NICKEL, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	16	29	UG/L	0	3D/W	4HC
186 SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	1.8	3.4	UG/L	0	3D/W	4HC
193 THALLIUM, TOTAL (AS TL)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	0.47	0.47	UG/L	0	3D/W	4HC
196 ZINC, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	65	120	UG/L	0	3D/W	4HC
202 CADMIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	0.88	1.6	UG/L	0	3D/W	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	7.1	13	UG/L	0	3D/W	4HC
212 ARSENIC, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	120	220	UG/L	0	3D/W	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012281

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			005			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
233 LEAD, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	11	20	UG/L	0	3D/W	4HC
235 MERCURY, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	0.61	1.1	UG/L	0	3D/W	4HC
237 COBALT, TOTAL (AS CO)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
314 CHROMIUM, HEXAVALENT TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	8.7	16	UG/L	0	3D/W	4HC
361 IRON, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
372 BORON, TOTAL	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
389 NITRITE+NITRATE- N, TOTAL	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	MG/L	0	1/M	4HC
408 SELENIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	4.0	7.3	UG/L	0	3D/W	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012282

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			005			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
409 VANADIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
410 ALUMINUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
449 BARIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
500 OIL & GREASE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	15	20	MG/L	0	3D/W	4HC
704 NOAEC - ACUTE 48 HR STAT CERIODAPHNIA DUBIA	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		100	*****	*****	%	0	1/M	24HC
705 NOAEC - ACUTE 48 HR STAT PIMEPHALES PROMELAS	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		100	*****	*****	%	0	1/M	24HC
720 TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	1.44	TU-C	0	1/M	24HC
721 TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	1.44	TU-C	0	1/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012283

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			005			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
796 BERYLLIUM, TOTAL RECOVERABLE (AS BE)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
797 ANTIMONY, TOTAL RECOVERABLE (AS SB)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	640	640	UG/L	0	3D/W	4HC
939 CHROMIUM, TRIVALENT TOAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	59	110	UG/L	0	3D/W	4HC
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012284

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			007			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****		0	1/3M	MEAS
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

The permittee is authorized to discharge Intake Screen Backwash Water from Units 3 and 4 through Outfall 007 until such time that Outfall 009 is operationa

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012285

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			008			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****		0	1/3M	MEAS
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012286

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			009			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****		0	1/3M	MEAS
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Until such time that Outfall 009 is operational, the permittee is authorized to discharge Intake Screen Backwash Water from Units 3 and 4 through Outfall 0

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012287

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			010			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
			TO			

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****		0	1/M	EST
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU	0	1/M	GRAB
004 TSS	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	30	100	MG/L	0	1/M	4HC
090 MOLYBDENUM, TOTAL (AS MO)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
137 HARDNESS, TOTAL (AS CACO3)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	MG/L	0	1/M	4HC
145 CHLORIDES	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	340000	340000	UG/L	0	1/M	4HC
185 NICKEL, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	19	19	UG/L	0	1/M	4HC
186 SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	1.5	1.5	UG/L	0	1/M	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012288

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			010			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
193 THALLIUM, TOTAL (AS TL)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	0.47	0.47	UG/L	0	1/M	4HC
196 ZINC, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	77	77	UG/L	0	1/M	4HC
202 CADMIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	1.1	1.1	UG/L	0	1/M	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	8.4	8.4	UG/L	0	1/M	4HC
212 ARSENIC, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	220	220	UG/L	0	1/M	4HC
233 LEAD, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	11	11	UG/L	0	1/M	4HC
235 MERCURY, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	1.1	1.1	UG/L	0	1/M	4HC
237 COBALT, TOTAL (AS CO)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012289

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			010			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
			TO			

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
314 CHROMIUM, HEXAVALENT TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	16	16	UG/L	0	1/M	4HC
361 IRON, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
372 BORON, TOTAL	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
408 SELENIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	7.3	7.3	UG/L	0	1/M	4HC
409 VANADIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
410 ALUMINUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
449 BARIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
500 OIL & GREASE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	15	20	MG/L	0	1/M	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012290

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			010			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
704 NOAEC - ACUTE 48 HR STAT CERIODAPHNIA DUBIA	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		100	*****	*****	%	0	1/M	24HC
705 NOAEC - ACUTE 48 HR STAT PIMEPHALES PROMELAS	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		100	*****	*****	%	0	1/M	24HC
720 TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	1.44	TU-C	0	1/M	24HC
721 TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	1.44	TU-C	0	1/M	24HC
796 BERYLLIUM, TOTAL RECOVERABLE (AS BE)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
797 ANTIMONY, TOTAL RECOVERABLE (AS SB)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	640	640	UG/L	0	1/M	4HC
837 SPECIFIC CONDUCTANCE	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UM/CM	0	1/M	4HC
939 CHROMIUM, TRIVALENT TOAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	73	73	UG/L	0	1/M	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012291

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			201			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****		0	1/D-M	EST
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU	0	1/D-W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	MG/L		1/3M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	MG/L	0	1/3M	CALC
016 CHROMIUM, TOTAL (AS CR)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	0.2	0.2	MG/L	0	1/D-M	GRAB
020 ZINC, TOTAL (AS ZN)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	1.0	1.0	MG/L	0	1/D-M	GRAB
044 CL2, FREE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	0.2	0.5	MG/L	0	1/D-W	GRAB
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012292

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			202			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****		0	1/D-M	EST
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU	0	1/D-W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	MG/L	0	1/3M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	MG/L	0	1/3M	CALC
016 CHROMIUM, TOTAL (AS CR)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	0.2	0.2	MG/L	0	1/D-M	GRAB
020 ZINC, TOTAL (AS ZN)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	1.0	1.0	MG/L	0	1/D-M	GRAB
044 CL2, FREE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	0.2	0.5	MG/L	0	1/D-W	GRAB
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012293

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			501			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****		0	1/D-M	EST
004 TSS	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	30	100	MG/L	0	1/D-M	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	1.0	1.0	MG/L	0	1/D-M	GRAB
031 IRON, TOTAL (AS FE)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	1.0	1.0	MG/L	0	1/D-M	GRAB
500 OIL & GREASE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	15	20	MG/L	0	1/D-M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012294

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			502			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****		0	2/M	EST
004 TSS	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	30	100	MG/L	0	2/M	GRAB
257 PETROLEUM HYDROCARBONS, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	MG/L		2/M	GRAB
500 OIL & GREASE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	15	20	MG/L	0	2/M	GRAB
918 Total Petroleum Hydrocarbons-Oil (TPH-ORO)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	MG/L	0	2/M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012295

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			503			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
			TO			

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	2.88	MGD	*****	*****	*****		0	3D/W	EST
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU	0	3D/W	GRAB
004 TSS	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	30	100	MG/L	0	3D/W	4HC
090 MOLYBDENUM, TOTAL (AS MO)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
137 HARDNESS, TOTAL (AS CACO3)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	MG/L	0	3D/W	4HC
145 CHLORIDES	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	370000	670000	UG/L	0	3D/W	4HC
185 NICKEL, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	24	44	UG/L	0	3D/W	4HC
186 SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	2.2	4.0	UG/L	0	3D/W	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

These effluent limitations are applicable when Internal Outfall 503 is routed through Outfall 001/002 or Outfall 004. .

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012296

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			503			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
193 THALLIUM, TOTAL (AS TL)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	0.94	0.94	UG/L	0	3D/W	4HC
196 ZINC, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	98	180	UG/L	0	3D/W	4HC
202 CADMIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	1.4	2.6	UG/L	0	3D/W	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	9.6	18	UG/L	0	3D/W	4HC
212 ARSENIC, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	240	440	UG/L	0	3D/W	4HC
233 LEAD, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	14	26	UG/L	0	3D/W	4HC
235 MERCURY, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	1.2	2.2	UG/L	0	3D/W	4HC
237 COBALT, TOTAL (AS CO)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

These effluent limitations are applicable when Internal Outfall 503 is routed through Outfall 001/002 or Outfall 004. .

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012297

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			503			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
314 CHROMIUM, HEXAVALENT TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	17	32	UG/L	0	3D/W	4HC
361 IRON, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
372 BORON, TOTAL	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
408 SELENIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	8.0	15	UG/L	0	3D/W	4HC
409 VANADIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
410 ALUMINUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
449 BARIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
500 OIL & GREASE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	15	20	MG/L	0	3D/W	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

These effluent limitations are applicable when Internal Outfall 503 is routed through Outfall 001/002 or Outfall 004. .

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012298

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

VA0002071			503			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
704 NOAEC - ACUTE 48 HR STAT CERIODAPHNIA DUBIA	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		100	*****	*****	%	0	1/M	24HC
705 NOAEC - ACUTE 48 HR STAT PIMEPHALES PROMELAS	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		100	*****	*****	%	0	1/M	24HC
720 TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	2.85	TU-C	0	1/M	24HC
721 TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	2.85	TU-C	0	1/M	24HC
796 BERYLLIUM, TOTAL RECOVERABLE (AS BE)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
797 ANTIMONY, TOTAL RECOVERABLE (AS SB)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	1300	1300	UG/L	0	3D/W	4HC
939 CHROMIUM, TRIVALENT TOAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	88	160	UG/L	0	3D/W	4HC
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

These effluent limitations are applicable when Internal Outfall 503 is routed through Outfall 001/002 or Outfall 004. .

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

00012299

This report is required by your VPDES permit and by law. (See, e.g., the Code of Virginia of 1950 §62.1-44.5 and 9 VAC 25-31-50.) Failure to report or failure to report truthfully can result in civil penalties of \$32,500 per violation, per day and felony prosecutions which can carry a 15 year term.

DISCHARGE MONITORING REPORT (DMR) - GENERAL INSTRUCTIONS

1. Complete this form in permanent ink or indelible pencil. The use of 'correction fluid/tape' is not allowed.
2. Be sure to enter the dates for the first and last day of the period covered by the report on the form in the space marked "Monitoring Period".
3. For those parameters where the "permit requirement" spaces have a requirement or limitation, provide data in the "reported" spaces in accordance with your permit.
4. Enter the average and maximum quantities and units in the "reported" spaces in the columns marked "Quantity or Loading".
 $KG/DAY = \text{Concentration (mg/L)} \times \text{Flow (MGD)} \times 3.785$ $G/D \text{ (Grams/Day)} = \text{Concentration (mg/L)} \times \text{Flow (MGD)} \times 3785$
5. Enter maximum, minimum, and/or average concentrations and units in the "reported" spaces in the columns marked "Quality or Concentration".
6. For all parameters enter the number of samples which do not comply with the maximum and/or minimum permit requirements in the "reported" space in the column marked "No. Ex." (Number of Exceedances). If none, enter "0". Do NOT include monthly average violations in this field. Include any Maximum 7-Day Average and Maximum Weekly Average violations in this field. Permittees with continuous pH, or temperature monitoring requirements should consult the permit for what constitutes an exceedance and report accordingly.
7. You are required to sample (at a minimum) according to the Sample Frequencies and Sample Types specified in your permit.
8. Enter the actual frequency of analysis for each parameter (number of times per day, week, month, etc.) in the "reported" space in the column marked "Frequency of Analysis".
9. Enter the actual type of sample (Grab, 8HC, 24HC, etc) collected for each parameter in the "reported" space in the column marked "Sample Type".
10. Enter additional required data or comments in the space marked "additional permit requirements or comments". If additional required data or comments are appended to the DMR, reference appended correspondence in this field.
11. Record the number of bypasses during the month, the total flow in million gallons (MG) and BOD5 in kilograms (KG) in the proper columns in the section marked "Bypasses and Overflows".
12. The operator in responsible charge of the facility should review the form and sign in the space provided. If the plant is required to have a licensed operator or if the operator in responsible charge of the facility is a licensed operator, the operator's signature and certificate number must be reported in the spaces provided.
13. The principal executive officer then reviews the form and must sign in the space provided and provide a telephone number where he/she can be reached. Every page of the DMR must have an original signature.
14. Send the completed form(s) with original signatures to your Department of Environmental Quality Regional Office by the 10th of each month unless otherwise specified in the permit.
15. You are required to retain a copy of the report for your records.
16. Where violations of permit requirements are reported, attach a brief explanation in accordance with the permit requirements describing causes and corrective actions taken. Reference each separate violation by date.
17. If you have any questions, contact the Department of Environmental Quality Regional Office listed on the DMR.